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Communications.

ABSCESS OF THE CEREBELLUM.

By Joshua B. Graves, M. D.,
Of Corning, New York.

(Read before the Elmira Academy of Medicine.)

Frank Veith, aged 34 years, called at my office for medical advice, November 23, 1870. He complained of severe pain in the back part of the head, upon the right side. The pain was continuous, occasionally lancinating upwards and forwards; bowels obstinately constipated, appetite good, pulse fifty-five per minute, breath fœtid, system well nourished. He was a great smoker, and a player upon a wind instrument. A tobacconist by trade.

The pain in the head had been constant since last September; at that time he attended the county fair, and played upon his instrument with his band for several days, almost constantly. I suspected inflammatory softening of the right cerebellum, and warned him of his danger, to which he gave no heed, but simply wished for something to overcome the constipation of his bowels, and he thought he would soon be all right. I ordered one drachm compound tincture aloes and myrrh, every six hours, and restricted him to four cigars a day, and to avoid all excitement.

November 26. Called again. Pain in the head not so severe, bowels moderately open, pulse the same; heart sounds normal, lungs in a normal condition, respiration slow, urine normal. Medicine continued; restricted him to three cigars a day. He continued to work at his trade all the time.

December 2. Was summoned to see him early in the morning, in great haste. Found him with a flushed face, pulse forty-five, respiration twelve, pain in the head severe, dull and heavy through the occiput, with occasional darting throbs upwards and forwards. He had rested well through the night. When he attempted to rise in the morning he became dizzy, and could not move forward; at every attempt to do so he moved to the left and backward. I found him with a very fœtid breath, tongue heavily coated, pulse slow and feeble, skin cool and not very dry, appetite good, mind very clear, eyesight good, hearing normal, bowels costive, lungs, heart and kidneys normal. Was very cheerful, and laughed at the idea that he could not walk. The previous diagnosis reaffirmed.

Ordered twenty grains of hydrarg. cum creta, teaspoonful of a weak solution of tartar emetic every hour, with cold applications to the occiput.

December 3. Patient much the same; cathartic had not operated; ordered a dose of epsom salts, and continued the antimony and the cold applications.

December 4. Cathartic operated very freely. Pain in the head not so severe, no change in the pulse or respiration, yawning almost constantly, eyesight good, hearing good, voice a little hoarse. Gave a weak solution of aconite, and discontinued the antimony.

December 5. Pain in the head not so severe; vomited in the morning; complained of no sickness at the stomach; skin moist, pulse fifty-eight, respiration fifteen; appetite good, bowels constipated, breath more

fœtid, tongue heavily coated, urine thick and muddy.

The patient continued to improve from day to day until the twentieth of December, when he became much excited. His father called to see him on business, words passed between them, he became very angry, and sent for me in great haste.

December 20. Found him with a severe pain in the head, and in a tremor. He undertook to sign some papers, and could not, his hand trembled, and everything blurred before his eyes.

Interdicted all business and company. Pulse forty-five, respiration ten. Raised large quantities of bloody mucus from the fauces. Face flushed, bowels constipated. Ordered injections, to move the bowels, and a tablespoonful of beef tea every hour; nitrate of bismuth and tincture of ignatia in small doses every two hours.

December 28. Dr. Velder, of Elmira, saw him. The symptoms much the same; head aching, vomiting, slow pulse, yawning frequently, bowels constipated, face flushed, skin normal, eyesight good; "lungs, heart, stomach and kidneys feel all right," as he expressed it; intellect perfectly clear the greater part of the time; some hemorrhage from the mouth and fauces; more restless than at any previous period.

Dr. Velder concurred in the opinion that it was disease of the brain, and that the vomiting was cerebral.

Advised ice to the head, morphine by hypodermic injection, and nourishment as before. The morphine quieted him very nicely, and he rested well all night. An ice bag was placed under the head, which relieved the pain very much. The vomiting returned next day; pulse fifty-five, respiration twelve; heat in the axilla ninety-four.

January 20. Found him stupid, and in a cold perspiration; pulse 120, heat 97½, respiration 20. He paid very little attention to anybody or anything; said he should die that day, and they must bury him on Sunday, so that people could attend hisfuneral, and not interfere with their business. He gradually sank away, and died without a struggle or a groan. The bystanders could hardly tell when he stopped breathing.

POST-MORTEM.

January 21. Twenty-six hours after death. Rigor mortis well marked; body not much emaciated. Removed the skull cap; dura-mater normal. Removed the dura-mater; surface of the brain normal. Removed the brain, and carefully dissected and examined the cerebrum; found no evidence of disease, except fluid in the ventricles. Perhaps the entire substance of the cerebrum was harder than natural. The cerebellum on the right side disorganized; found a large abscess occupying one half its substance; the disease reached to the restiform corpus. The lungs, liver, heart, stomach, intestines and kidneys in a normal condition.

There were certain peculiarities in this case to which I wish now to call attention.

First. The pulse was uniformly preternaturally slow, full and soft.

Second. The respiration was uniformly slow, with frequent sighing and yawning.

Third. The heat of the body was below the standard of health.

Fourth. He vomited almost constantly after the first two weeks, without ever being sick at the stomach.

Fifth. There was, at times, an entire loss of voice.

Sixth. The intellect, most of the time, clear; "things were mixed up," as he expressed it, but three times during his whole sickness.

Seventh. There was hemorrhage from the fauces and mouth during quite a large portion of the time.

Eighth. There was no paralysis at any time, nor any convulsions or rigid contraction of the muscles.

Ninth. The eyesight was perfect through the whole sickness.

Tenth. The hearing was good, and very acute during the last three weeks.

Eleventh. His appetite was good most of the time, and the bowels costive.

Many of the usual symptoms that attend inflammation of the cerebellum were wanting in this case. It is a very difficult matter to account for the great variety of symptoms in such cases.

In one of Brown-Sequard's lectures he relates some interesting examples of softening of the cerebellum, and alludes to the great variety of symptoms in these affections.

In all except two of his cases there was fixed pain at the back of the head, and generally, on the side corresponding to the diseased cerebellum amaurosis occurred, complete in both eyes in two of eleven instances, though the disease existed in only

one-half of the cerebellum. In one case it existed only in the right eye, with disease of the left half of the cerebellum. Hemiplegia was complete in two cases, incomplete in one. Paraplegia existed in only two. The other symptoms were: a tendency to walk backwards, tottering gait, vertigo, an emotional and semi-convulsive agitation of the limbs, obtuse hearing and aphonia. Vomiting existed in none, though frequent in other diseases of the cerebellum.

No two cases were alike. There were none of the referred or local sensations, or pains in the paralyzed limbs, which are so characteristic of inflammatory cerebral softening. No muscular rigidity, no irregularity of pulse, as to strength or rapidity.

We must then come to the conclusion that the symptoms that will manifest themselves in any given case of disease of the brain will depend upon two things: First, Upon the particular portion of the brain that is diseased; and, second, upon the nature of the disease. For instance, you may have inflammation of the cerebellum, and have no vomiting. The question then arises, what portion of the cerebellum must be diseased in order to make vomiting a prominent symptom?

I answer the brain must be diseased so as to reach the pneumogastric nerve. This is a compound nerve, like most of the spinal nerves. That is to say, it consists of two tracts of neurine bound up together, supposed to be one for sensation, the other for motion. The motor filaments of the nerve are not entirely conductors of volition, for most of the muscular fibres that are brought into action by this nerve are independent of the will; the only exception being the muscle of the larynx, concerned in the production of vocal sounds.

This nerve has two origins, or central attachments. One to the ceribellar-fibres of the anterior columns, as they form part of the restiform body. The other may be traced through the fibres of the restiform body into some gray matter at the posterior of the cord, the restiform ganglion. In this case the pain in the head was always referred to this point. From this point upwards and forwards he had occasionally lancinating pains.

Vomiting, loss of voice, congestion of the fauces and larynx, all point to this portion of the brain as the seat of disease. Divide the par vagum, and irritate the extremity of the nerve, and you will produce vomiting. Why this is so I have not space now to explain. Our best authors say it is so; that is sufficient for my present purpose.

In this case the pharyngeal branch was affected. He lost his voice, and much of the time could only speak in a whisper. There was also hemorrhage from the mouth and fauces most of the time during the latter part of his sickness.

But you will say how do you account for the slow pulse and respiration?

There are two forces operating upon the heart and lungs to keep them in action. One from the pneumogastric, which is inhibitory. The other from the sympathetic, which produces action. The heart and lungs are increased in action in proportion as the power of the sympathetic is increased and overcomes the influence of the pneumogastric. You then have a rapid pulse and rapid respiration. When the influence of the pneumogastric prevails you have a slow pulse.

The congested state that preceded the formation of the abscess increased the power of the pneumogastric, and disturbed the equilibrium of the circulation. As the disease progressed the nerve was reached, and its power impaired, and the pulse rose and continued rapid until death.

There are two branches of this nerve that reach the heart without entering the great cardiac plexus, and their disease would thus affect the circulation.

This nerve also supplies branches to the root of the lungs, and their disease was probably the cause of the slow action of the lungs in this case.

It is perhaps more difficult to explain the want of heat that was so manifest in this case. Slow respiration would naturally reduce the temperature of the body.

Heat is also generated by the waste and repair of the tissues of the organism. The process of waste and repair seemed to be to a great extent suspended, and that source of heat was diminished.

In the cases that are detailed by Sequard we are not informed what part of the cerebellum was inflamed and softened. I have not been able to find a case reported of inflammatory softening of the cerebellum where the anatomist has traced the disease so as to determine its precise point and extent, and then detailed the symptoms that have manifested themselves as the result of such disease.

GELSEMINUM AS AN ANTI-PERIODIC.

BY WILLIAM W. MURRAY, M. D.

Professor of Materia Medica and Therapeutics, in the College of Physicians and Surgeons, Baltimore.

Since the accidental discovery of the febrifuge virtues of Gelseminum, its use in febrile and inflammatory diseases has been known to the profession. From some it has received the highest encomiums as an antiphlogistic and febrifuge; by others it is but little esteemed. While I am among those who think well of this drug in its power of reducing the inordinate action of the heart in inflammatory affections, it is not the object of this paper to discuss its virtues in diseases of that kind, but I desire to call the attention of the profession to its *antiperiodic* powers.

I have not had access to all the articles which have been written on the medicinal properties and uses of Gelseminum, but so far as I am aware, its antiperiodic effects were first made public by Dr. E. A. ANDERSON, of Wilmington, N. C., in an article which appeared in "Tilden's Journal of Materia Medica," of 1870, either the October or November number. I need not refer to Dr. Anderson's paper, or to a private communication from him on the subject, further than to say that by the strength of his assertions that Gelseminum will radically cure malarial fevers, I was induced to make use of it in those affections, in order to satisfy myself whether it was entitled to take rank as an *antiperiodic*. While the cases in which I have employed it are not very numerous, the results were of such a character as to convince *me*, at least, that it is not only equal to quinia in breaking in upon the chain of morbid phenomena which characterize intermittent fever, but that it is infinitely superior to that article in *curing* the disease. It is tasteless and cheap, both of which are additional advantages which it possesses over quinia.

On May 14th, 1872, I was called to see Mrs. B., who was laboring under an attack of intermittent fever, tertian form. I determined to put her on Gelseminum, especially as she was pregnant, in which condition quinia is considered by some physicians somewhat dangerous. Accordingly after opening the bowels and appealing to the liver, I prescribed the tincture of yellow jasmine in five-minim doses every hour until it produced heaviness of the eye-lids, dilated pupils, or double vision; the same course to be pursued for four or five days successively. She has had no return of the disease in any form since, although she passed through the entire miasmatic season in the same locality.

The next case of intermittent fever which fell to my care was that of Mrs. P., on the 24th of May. She had suffered frequently from this affection, and she implored me not to give her quinia, as it affected her very distressingly. She seemed as much surprised as delighted when I informed her that I had no intention of giving the much-dreaded medicine. I ordered tinct. Gelsemini in the same doses, and with the same directions as in the preceding case. She has had no chill since then to the present, Jan. 3d, 1873.

On 5th July, 1872, I was called to see a little boy, whom I found laboring under an attack of remittent fever. Gelseminum was ordered for him, and on the third day my visits ceased, the disease having entirely yielded.

On 14th July I visited Miss P., who had remittent fever. As the case presented some pretty severe symptoms, and not wishing to risk anything (knowing that the quinia treatment, if properly managed, was endorsed by experience), I urged quinia, which she consented to take after a great deal of persuasion (she had taken it before in a similar attack, and as she said, "it nearly set her crazy"), but she had swallowed only a few grains, when it affected her so unpleasantly that she could not be induced to take any more. I then ordered gelseminum, which cured her. The disease, in this case, did not yield so readily as in that of the little boy referred to, for two reasons: 1st, it was a much more severe attack; and 2d, she would not continue the medicine faithfully, according to directions, but as soon as she began to feel better under its use, she would cease taking it. As regarded the antiperiodic treatment, it was the only drug used, and she made an excellent recovery.

The last case which I will mention is that of Miss C., who had tertian ague. Quinia had always arrested the paroxysms, but only temporarily. I gave her blue pill and compound ext. colocynth, each gr. vj., and then put her on the yellow jasmine. This was about four months ago, since which time she has had no return of the affection.

I may remark that in the use of the gelseminum, I am governed by the effect produced, whether the quantity required to produce that effect be small or great. I give it generally in five-minim doses, and I think this the safest plan, because the effects can be regulated exactly; whereas, if large doses be given, we may have an overwhelming effect produced at once, which would be at least alarming, and possibly dangerous.

I have been induced to narrate these cases, in the hope that some of the readers of the REPORTER will test for themselves the antiperiodic virtues of gelseminum, and record the results of their experience for the benefit of the profession at large.

AUTOPSY OF WILLIAM IV, OF ENGLAND.

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

In an old paper, dated June 21, 1837, I find the following record of a post-mortem examination of the remains of William IV, King of England. The description given is minute, and the distinguished surgeons and physicians who conducted the autopsy seem to have determined the cause of death to arise from four different diseases. It will be interesting to note this case, from the character of the men engaged in it, and the rather obscure fact as to what was really the cause of death.

The physicians who conducted the examination were Dr. Tierney, Dr. Chambers and Dr. Davis, all of them professors. Dr. Chambers has been particularly distinguished. The surgeons were Sir Astley Cooper, Sir Benjamin Brodie, and Dr. Robert Keate. The record reads thus:—

"In the right cavity of the chest there was an effusion of, about fourteen ounces of serous fluid. The lung on one side was nowhere adherent, the vessels of the lower lobe were very much tinged with blood, and air cells contained a mucous and serous fluid having a bloody tinge. The left lung adhered generally and with great firmness to the surface of the pleura lining the chest; these adhesions appear to have resulted from former attacks of inflammation. The vessels of this lung were also tinged with blood, and its lower portion was somewhat indurated. The rings of the trachea and bronchi were ossified to a great extent; and the lining membrane was of a dark color, in consequence of the disturbed state of the vessels. The pericardium adhered universally to the surface of the heart; but these adhesions were slight, and appeared to be of very recent formation. The heart itself was large, and softened in its texture. Its right side was extremely distended with blood, but exhibited no marks of organic disease.

"On the left side of the heart the mitral valves were found to be ossified, and the three semilunar valves of the aorta were in the same state. The ossification was in two of them to such an extent that it must have materially interfered with their functions. The coats of the aorta were thickened, and on its inner or lining membrane there were several deposits of earthy matter. The liver was somewhat enlarged and hardened, and was of a granulated structure throughout. The gall bladder was extremely contracted, and contained but little bile. The spleen was increased to double its natural size, and a large portion of its surface was covered with a cartilaginous deposit. The pancreas was enlarged and indurated. The stomach and intestines were healthy, except at one part of the large intestine, which was narrowed by a thickening of its inner membrane. The right kidney was quite sound, but the left was unusually vascular, and exhibited a granulated appearance. The investing membrane adhered very slightly to it."

Then follows the following remarks:—

"The line of demarcation between the chronic and the acute—the old and recent—the structural and functional affections in the above cases is easily defined. In the former category are the pleural adhesion in the left side; the tracheal and bronchial ossifications; the enlargement of the heart; ossification of mitral and aortic valves; thickenings of the aortic coats; enlargement and degeneration of structure in the liver; enlargement of spleen; induration of pancreas; granulation of kidney.

"Among the recent functional and inflammatory affections must be ranged the pericarditis, with its product adhesion by coagulable lymph; effusion into the right cavity of the chest; hepatization of the lung (that this was red hepatization, marking it as the product of recent inflammation, is clear from the general inflammation surrounding, and from the specific allusion to redness of the vessels); bronchitis. Thus, then, there were three kinds of acute or subacute inflam-

mation engrafted on previous organic disease, namely, pleuritis, and pericarditis, pneumonia, and bronchitis. This was a most formidable complication, and we have no doubt that the condition of the parts was accurately ascertained during life, and that the treatment was skillful and appropriate. That the organic changes above enumerated had existed for years before the accession of His Majesty's last illness, there can be no doubt, and that the Royal sufferer might have lived for years, had the inflammation of so many different structures not intervened, there is every probability.

"The supervention of inflammation on old standing organic diseases, renders the management of the case more difficult, but does not alter the principles of the treatment. In such a multiplicity of inflamed tissues as dissection here disclosed, nothing but the strictest antiphlogistic treatment could offer a hope of relief, and no doubt this course was pursued. The apparent slowness of the pulse at times is easily accounted for by the imperfection of the mitral valves. In the action of the heart we have often found the pulsations double and triple to the number of pulsations at the wrist. No particular examination determined whether the redness was confined to the blood vessels or extended to the air vessels or tubes."

We have no mention what the treatment was, but the older men in the profession will recall the lancet and calomel used heroically. It is not unlikely that a modern surgeon finding such post-mortem appearances, and knowing that the treatment had been antiphlogistic (in the full meaning of the term thirty years ago), would have decided that it was caused by the medicines given.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Medical Clinic of J. M. DaCosta, M. D., Professor of the Practice of Medicine in the Jefferson Medical College.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

January 4th, 1873.

Scurvy.

Patrick McK., æt. 40 years, was admitted into the hospital, December 30th, 1872. He is a sailor. His parents are living and healthy. He has had chancre, but no constitutional symptoms followed. Eleven years ago, while on a voyage from Calcutta to London, he was obliged to live upon salt meat, and drink rain-water. This led to sickness, characterized by pains in the leg bones, a discoloration over one knee, and swollen, tender, bleeding gums.

On the 16th of last April he shipped from Calcutta to New York. The voyage consumed 171 days. The initial ten weeks of his voyage he, in common with the crew, drank rain-water, in order that the fresh water in the tanks might not be too speedily consumed. After two weeks the bread spoiled, and during the remainder of the trip the men lived upon damaged bread and salt meat. All the crew, thirteen men, became affected with scurvy. Four were totally unfitted for duty, and the remainder had variously swollen and discolored legs, pain in the ankles on walking, and bleeding gums.

About two and a half months prior to his arrival in New York, this man noticed pain in his heels, which gradually worked up to the ankles. Four weeks later two small pimples came out upon the legs. Afterwards the legs became swollen and black, and he had running sores. The gums have also been swollen and tender for the past six weeks.

His urine was acid, s. g. 1035; contained no albumen. He was ordered good diet, two lemons daily, and ten minims of nitro-muriatic acid three times daily.

Present examination of this patient shows a marked illustration of the scorbutic gum, swollen, tender and congested. The lower teeth are loose. Looking at his legs we find a true scorbutic eruption, here bluish, and there, where the spots are fading, blackish. During the height of his disease he says he could not close the hand on account of the pain in the muscles of the forearm. He also had pain in the back and shooting down the thighs. It existed independently of exercise. He was also very short of breath, and at one time he spit a little blood. Applying my ear over the region of the heart, I find the first sound short, the impulse rather feeble, but no murmurs. Cardiac dullness is normal, and the lungs return a healthy note on percussion. Thus we have no organic trouble in the lungs or heart to explain the shortness of breath.

Let us inquire into some of the circumstances of the history of this case. Here, in a seafaring man who has sailed a long voyage, we have a striking illustration of the effect produced by the quality of diet, the disorder being attributable to the absence of fresh vegetable food. The change in his blood giving rise to the scorbutic condition is thus accounted for. I do not lay much stress upon his having drunk rain-water. Some authorities tell us that condensed water will produce scurvy. There was no condenser, however, upon this man's vessel.

Are the symptoms, in themselves, presented by this man, striking and typical? Most unquestionably; especially those of pain in the muscles, bones and back, the latter being irrespective of exercise. The shortness of breath, spitting of blood, swollen gums, loose teeth,

and the blackish, bruised-like appearance of the leg, are all diagnostic of the affection.

The treatment of this man will be conducted in a similar manner to that of a previous case of scurvy which I had before you.* In addition to his ten minims of nitro-muriatic acid, well diluted, we will give him twenty minims of the tincture of the chloride of iron, three times daily. He will also continue to be supplied with two lemons a day, and his diet will contain as many varieties of vegetables as we can, at this season of the year, procure.

Two Cases of Dropsy, dependent upon Bright's Disease, Cured by Scoparius.

Case I.—You would not suppose much to be the matter with this man, yet if you had seen him two weeks ago you would have seen a very sick man. He came into the hospital immensely swollen, about as marked a case of dropsy as could be found. Briefly, the following is his history:—

Thomas S., a printer, aged 45 years, was admitted December 16th, 1872. He had a chancre six years ago, but no constitutional symptoms followed. For the last year, as a result of mental depression, he has been a hard drinker, and he has not felt well since he commenced his course of intemperance. Six months ago he noticed that his feet were much swollen at night, especially after standing at his printing case. Five weeks ago boils came out upon his legs, and three weeks ago he was obliged to stop work on account of general dropsy. For two weeks he passed very little water. His urine was acid, s. g. 1018, and contained a heavy deposit of albumen upon applying the heat and nitric acid test. The albuminous deposit filled from one-third to one-half of the test tube. Under the microscope his urine shows fatty, hyaline casts, with occasional epithelium cells and granular matter.

This man, therefore, had Bright's disease, with general dropsy dependent upon it. Taking into account the origin of the case, and moreover, examining into the character of the deposit in the test tube, there could be no doubt that we were dealing with a case of large kidney undergoing fatty degeneration. When you have, in a chronic case, a large amount of albumen in the urine, extensive dropsical swelling, and you find tube casts, granular and fatty, there can be no possible mistake in the diagnosis. The more fatty the casts, the more fatty will be the kidney; and the less fatty the casts, the more likely the kidney with fatty degeneration about to commence. Take these facts and combine them with the man's previous condition—depressed and intemperate—and we have the true solution of his trouble.

The urgent symptoms of this man were those of dropsy. It was for this that he consulted us, and we set to work to get rid of it. Remembering the urine was scanty, we treated it more with diuretics than is our habit. Scoparius, or broom, was the one made use of. He commenced active treatment about the 20th of December, taking an ounce of broom in a pint of water daily. He continued its use until within a few days, and under it we have had a complete disappearance of the swelling. There is nothing now to show for his previous dropsy, and that you may judge how much the urinary secretion has been increased it is only necessary to state, that while previous to the administration the greatest amount in any one day was 48 ounces, since he commenced taking the infusion of broom the average daily amount is 68 ounces.

This man now wants to leave the hospital; but I think before we let him go the treatment of his remaining affection, the condition of his kidney, should be insisted upon. Tincture of the chloride of iron, taken for weeks and months, with an occasional intermission, in doses of from 20 to 30 minims, three times daily, will best meet this condition. Along with the iron he should have good food, but avoid the use of stimulants. By carrying out this plan of treatment we may keep in check the change that is now going on in the kidney. Should dropsy at any time recur, we will return to the administration of the broom.

In a case like this, hot baths, and diaphoretics, like Dover's powder, will materially aid the action sought.

Case II.—Here is another specimen of the same kind of trouble. This is an old case; the patient, J. D., came into the hospital July 29th, 1872. As in the preceding patient, on admission he was intensely swollen. His urine contained a heavy deposit of albumen, and, under the microscope, showed fatty and granular casts, with here and there some hyaline casts; the s. g. varied from 1020 to 1024. We had no doubt of the character of the case. It was one of granular degeneration, with commencing fatty change and dropsy. He had first administered to him a mixture of iron and gentian. He also took nux vomica, and a mixture containing in each dose three drops of the tincture of iodine and ten drops of the aromatic spirits of ammonia. Under these varied treatments he improved somewhat, but the dropsy did not diminish as it should. Then he was placed upon juniper berries, and finally took a tonic diuretic, composed largely of the tincture of the chloride of iron and acetate of ammonia, a favorite prescription in this hospital. Even this did not answer the purpose. Seeing the favorable effect of scoparius, I finally put him upon the use of the same agent, and I have a gratifying result to record. He is, to-day, very nearly free from dropsy. Some swelling of the limbs remains, but the ascites has almost disappeared. He has no heart murmur, no pericardiac effusion. We can do nothing better here than continue the broom, as under its use he passes more water and is more comfortable. With it we shall use thirty minims of the tincture of chloride of iron, three times daily.

* Reported in the number of Nov. 16, 1872.—R. M. T.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M.D.

[REPORTED BY DE FOREST WILLARD, M.D.]

Total Necrosis of Femur—Sequestrotomy.

GENTLEMEN: The pale, debilitated young man, twenty years of age, now before you, received, three years ago, a slight injury to his right thigh, by a fall from a tree. The bone was not fractured, neither was there any inflammatory trouble at the time. Some months later, however, without any appreciable exciting cause, a pain commenced just above the right knee, and gradually increased in intensity, (being also accompanied by great heat and swelling,) until large doses of anodynes became necessary to control it. The acute inflammatory symptoms gradually subsided, only to be followed by those of a chronic type, and in the course of six months one abscess opened, and then another, and another, small pieces of bone being occasionally discharged, until, as you now see, the limb presents several openings, both upon its inner and outer aspects, from all of which is issuing a grayish fetid pus, and around each of which is the pouting mass of granulations so characteristic of underlying dead bone.

I introduce a probe at any of these orifices, and in each case come directly upon bone denuded of its periosteum, or else the instrument slips into a canal which I know to be a sinus leading down through an ensheathing case of bone to the necrosed portion within. The history and present appearances are characteristic, and our diagnosis is easy. We have evidently a dead femur walled in by a large amount of new osseous tissue, so large upon the anterior and outer aspects as to render those portions prominent, and almost to give the idea that there had been here a badly united fracture. Such, however, is not the case, all this deformity consisting of new bone.

Now why should so trivial an injury be followed by such serious consequences? Many worse accidents occur every day, yet such extensive results are uncommon. Look at his face or at his neck, and you will find a ready explanation, for there you will see cicatrices and depressions which indicate that suppurative inflammation of the cervical glands has existed at some fomer time. He informs us that he has been the victim of these abscesses in different portions of his body since childhood. The diagnosis is plain; he has scrofulosis, a name used to designate a vice of which we have but little definite knowledge; the sufferers from which, however, are to be found in thousands of families in our land, of all ranks and conditions.

As I examine this case more closely, I find that this deposit of new bone is very great, and that the openings are extensive, the upper one being near the trochanter; the lower, just above the knee. My probe also finds dead bone at every point, and I am inclined to believe that the shaft of this bone is necrosed from the surgical neck almost to the condyles. If this be true, and we decide to operate, it will require the excision of nearly all of the shaft of the femur, a procedure which becomes one of great gravity. The sequestrum is invaginated by a thick involucrum of new bone, through the cloacæ of which small portions of the diseased osseous tissue are occasionally cast out.

Is an operation justifiable? Certainly, for the bone is undoubtedly loose, several years having elapsed since the commencement of the inflammation, and Nature will not be able to remove so large a bone by the slow process of disintegration. Already his system is becoming exhausted by the continual drain of pus, and it is time for us to assist. I also determine that the bone is loose by the motion obtained by passing a sharp-pointed probe down through one of the cloacæ or openings.

The operation will be a very severe and extensive one, but is advisable, for although the boy looks delicate, yet I have learned to put great faith in the power of nature to accommodate herself to the long continued action of pain and drainage, so that these cases are far less likely to die from the operation, or of pyæmia, than are hale, hearty men, whose systems are unaccustomed to sickness and pain. The risks are great in any case, of course, but having decided that the operation is proper, they should be assumed.

Now while the patient is being etherized, let us study the process of death in a bone. Necrosis in bone is a process analogous to mortification in the soft parts, and frequently arises from similar causes. "Separation" or "ulceration," has also its analogue in "exfoliation;" and the "slough" in the "sequestrum."

Its causes are various; blows, disease, malnutrition, anything, in fact, that will develop osteitis, or periostitis, or osteo-myelitis. Its course may be acute or chronic, moist or dry, or may accompany the process of ulceration, (caries necrotica). Its early symptoms will be those of periostitis; œdematous swelling of the skin, pain on deep pressure, and a slight amount of it even when the part is at rest. If ostitis is present, the pain will be more intense, at times even boring, gnawing, or tearing. During this stage the treatment will be that of ordinary periostitis, rest, cold, elevation of the part, the local use of iodine or dilute mercurial ointment, together with constitutional remedies which may be indicated.

Should the embarrassment in the circulation of the bone continue, death of a portion must occur from its starvation. Death having occurred nature sets to work to rid herself of that which is no longer of use. How is this accomplished? If the dead portion is small it may be completely dissolved by the proliferating granulations which spring up from the surface of a bone in the process of separation, a process which, as I have said, is analogous to sloughing in the soft parts. In the large majority of cases, however, the necrosed portion

is so large that this process is impossible and suppuration occurs. Let us suppose that the entire shaft of the bone is dead, as in the case before us. As the process of separation and of suppuration goes on, nature builds up a wall in the Haversian canals of the healthy bone, thus preventing absorption of the pus, which might otherwise give rise to serious constitutional disturbances. The pus makes its way into the centre of the bone, bathing the sequestrum on every side, and then gradually comes toward the skin, and soon perforates it, forming openings at various points.

The living bone develops an interstitial proliferation of granulations which soon consume enough of the extremities of the sequestrum to cause its complete separation, after which it lies loose in this granulation-lined pus-discharging cavity. I say it lies in a cavity, because the periosteum has not been idle during this time, but as a result of the inflammatory process has been pouring out osteophytes around the entire circumference of the shaft. This osteoplastic formation, perhaps, does not entirely originate from the periosteum, but may be partially also from the bone cells in the Haversian canals upon the surface of the osseous tissue itself. This process of detachment of a sequester is one of months' duration, during all of which time we have the visible symptom of a flow of pus from the external openings. At the end of a year or more, the shaft may lie entirely covered in by this involucrum of new bone, as it is called, through the openings of which (cloacæ) the underlying dead bone can be easily distinguished. The diagnostic tests as to the completion of the process of separation I have already detailed to you.

After the removal of a sequestrum the cavity fills with granulations, which finally ossify, and thus with the enveloping new material a serviceable bone is the result.

The disease most likely to be confounded with the one under discussion is caries, and in some cases the diagnosis may be quite difficult. In general, however, necrosis occurs in long bones, and is rapid in its inflammatory course; caries appears, as a rule, in spongy bones: in necrosis, the pus is thick; in caries, thin and foul: in necrosis, the osteoplastic crust is very thick and prominent; in caries, but thin: in necrosis the probe strikes upon a hard, denuded bone; in caries, the bone is soft and spongy, and its penetration gives pain. When a sequestrum is loose, a fact which is to be determined in the manner which I have already mentioned, then it should be removed, since nature is usually incompetent to effect the task unaided. In the case before us there can be no advantage in waiting longer; this shaft must be removed.

I therefore commence the operation by making an incision ten inches in length upon the outside of the thigh, where there are no important vessels or nerves. I soon reach the bone, and find numerous cloacæ or sinuses through the ensheathing case. With chisel and hammer I soon unite several of these openings, and find the imprisoned femur within. Its extent is so great, however, that it will be impossible to remove it bodily, and I accordingly cut it in fragments with these bone forceps. Several arteries bleed so profusely as to require the application of torsion or the ligature; and one from the bone itself will probably require the pressure of a wooden plug. I lift away a few pieces, but as you see, the main bulk of the shaft, though apparently loose, will not yield.

I chisel, and pry, and lift (taking care not to break the new bone), until every bridge and angle and retaining point of the involucrum is taken away, and now you see that I am able to bring away at least seven or eight inches of the femur with these strong forceps. It is an enormous piece, but I think that there are still fragments remaining. I therefore search for them in every direction, cutting and picking them away, until only apparently healthy bone remains. You will see how long time I have consumed, but I assure you that you will always find these operations among the most tedious, laborious, unsatisfactory, and horrible of any which you will be called upon to perform. One hour and a half is frequently consumed before the task is completed.

I have been careful to remove no more of the new formation than was absolutely necessary, since its loss would seriously weaken the member. I now wash out the large cavity, and having checked all hemorrhage, pack it with lint, draw the wound loosely together with adhesive strips, and apply over it a dressing of compresses wet in laudanum and water, enveloping the limb in a bandage from the foot to the trochanters, but this must be removed in twelve hours and the wound examined. If all is well, re-apply it for a period of twenty-four hours, when pus will commence to flow freely, and for a week or ten days the dressing will require changing twice daily. After the diminution of the flow of pus, once a day will suffice. At the end of about five days the cavity should be thoroughly syringed at each dressing with potass. permang, acid carbol, or other disinfectants. You will notice that I leave a large gaping wound, but I consider that a broad cicatrix is of far less importance than that any hindrances should be offered to the easy escape of the pus, or that pyæmia should follow. I therefore use no sutures, but simply draw up the sides with adhesive plaster and bandages. If all the dead bone is removed, these sinuses which have existed in various parts of his thigh will heal, and the wound which we have made will follow in their footsteps. Occasionally, however, the interior of the cavity becomes indolent, and the granulations fail to form osseous tissue, in which case stimulating injections should be used, lest a bone fistula ensue.

To prevent as far as possible the danger of pyæmia we will put him upon the free use of beef tea and milk punch, with two grains of quinine and twenty drops of tinct. ferri chlor. three or four times a day.

Suppose that we had found this sequestrum still undetached, then we should have used no undue force, but preferred to postpone the operation. By careful observation of the duration of the disease, the size of the involucrum, and the mobility of the bone, a mistake need seldom occur.

(The boy had no symptoms of pyæmia, the wound granulated nicely, and at the present writing he is walking about on crutches. The wound has not entirely closed, but the old openings have all healed. A few pieces of bone remain, which will probably be ready to come away before the external opening heals.—De F. W.)

Necrosis of Frontal Bone.

The next case is also one of necrosis. Its exciting cause, a blow received some months since; its real cause, the debauched habits of the patient. You will perceive a large, foul, pus-discharging sore upon the forehead, at the bottom of which lies a hard and blackened mass of bone. The edges of the wound show attempts at healthy granulation, but this gap can never close while that large foreign body remains in its present position. I seize the mass, and find it perfectly movable, though held in position by the soft parts. It is probable that only the external plate of the frontal bone is involved, as is ordinarily the case, but even if the internal plate is implicated the treatment should be the same, since retention of such a fragment would only tend to develop inflammation of the dura mater and the formation of an intra-cranial abscess. If we take away both plates we shall open the cavity of the skull, but the risk is one which cannot be avoided. If only the external plate is removed, however, the prognosis is good.

I slit up the overlying soft parts, and am soon able to lift easily away a piece nearly two inches in diameter. The necrosis does not extend beyond the diploic structure, as I supposed. The dressing will be a yeast poultice, followed in five days by washings of potass. permang, and the application of ung. zinc. ox. or some other ointment more stimulating. Iron, quinine, good food, and change of habits, will be valuable adjuncts.

Cicatricial Contraction of Fingers.

The young girl who is now before you burned her hand severely some years ago, and although carefully treated, yet has now the deformity which you see. Her fingers are flexed upon the palm so rigidly as to prevent them from being of any service to her. As I attempt to straighten them you will see that the skin rises up in dense cicatricial bands, and that extension, even to a moderate degree, is absolutely impossible. The tendons do not seem to be involved. You all know how prone is the cicatricial tissue which succeeds a deep burn to contract and condense, and it is a result which will frequently happen under the best surgical skill.

Her hand being now a useless member, we shall endeavor to partially remedy the deformity by cutting loose these bands; of course there will be subsequent contraction to a considerable degree, but I think we shall be able to gain considerable space by making our incisions in the shape of an inverted V (Λ), the apex of the triangle being central on the palmar aspect of the finger and extending into the sound skin. Having loosed this tongue the finger is straightened, leaving a large space uncovered by its retraction. This, however, can be partly covered by dissecting up the sides of the chasm, and drawing the apex together. The portion corresponding to the base will be left to granulate. The tongue-flap will be stitched down with silver wire sutures. The dressing will consist in keeping the fingers fully extended upon a straight palmar splint applied to the arm and hand, great care being taken, for months afterward, to keep the cicatrix well stretched.

(All the fingers were loosed. Several weeks have now elapsed, and the fingers are in a state of good extension.—De F. W.)

Medical Societies.

COVINGTON AND NEWPORT, KY., MEDICAL SOCIETY, December, 1872.

Cases in Obstetrics—Interesting Report of Eight Cases—Puerperal Peritonitis—Four Deaths—Four Recoveries—Is Puerperal Fever an Infectious Disease?

By W. O. Smith, M. D.

Of Newport, Ky.

(Reported by J. W. Hadlock, M. D.)

To assist in advancing the cause of Medical Science by contributing individual observations to the common fund of knowledge, should be a pleasing duty and occupation to the members of this society. None are so superior in knowledge and skill as not to receive benefit from the observations of other workers in the same pursuits. Our experience teaches us that the knowledge which we derive from books is of but little use until illustrated and enforced by actual experience, the idea of the true practice as conceived of by the young student from the reading of his books, and that drawn by the older practitioner from his own experience and study, being often widely different. The physician who has grappled with the unseen force of formidable disease, unaided and often harassed by the grief of others, has gained a subtle knowledge and acquaintance with diseases which is beyond the power of books to impart, while books themselves are but the products of men who gained their wisdom through the very channels that it must come to us, namely, observation and study. Therefore, in the continually advancing science of medicine the physician must regard it as his duty to bring to the notice of his medical friends all the un-

usual phenomena which may come under his observation, as well as all new remedies which may have occurred to him, and have been successfully applied. It is in this spirit that I come forward to-night with my observations on *puerperal fever*.

The intention of my paper is to present some cases of puerperal fever, with the treatment followed, and the results, for the purpose of contrasting the views of our old time brethren with those of to-day; also, to elicit discussion, and to obtain the practical views of the different gentlemen here present.

In regard to the disease, we find by the old books that where it prevailed, not only in hospitals, but in private practice, the most frightful mortality occurred. Three-fourths of the women who were attacked with this malady died; and its ravages in some places were such that two were often buried in one coffin to conceal as far as possible the extent of the mortality.

It has been my sad experience during the last few weeks to encounter puerperal fever in a most malignant form. Fearing a recurrence of the disease, I think it proper to have the subject thoroughly discussed here, to gain all the light we can upon the disease, its course, treatment, and the question of infection.

Case I.—My first case, that of Mrs. Ross, was presented and discussed at our last society meeting, although one feature of the same was not fully disposed of, I allude to the subsidence on the fifth day of the dangerous symptoms. Often from spontaneous or artificial evacuations, and sometimes without any perceptible cause, there will be a "delusive calm," or subsidence of the puerperal symptoms, but not a corresponding improvement in the pulse. In the case of Mrs. R. there was a decided improvement in the pulse; the temperature of the body came down below one hundred degrees, as well as the frequency of the pulse, and there was a decided change in the countenance, with other hopeful indications. The same treatment was continued, and the nursing was the most careful and vigilant, yet she died in the next twelve hours.

On the same night occurred the delivery of Mrs. Hinton, who escaped the disease.

Case II.—Two days after the confinement of Mrs. R., on the 28th, I assisted at the delivery of Mrs. Elliott. This lady had suffered for a night, attended by another physician, who finally sent for me to come to his assistance with instruments. We succeeded without having to use them, she giving birth to her first child. I left her in charge of her attending physician, doing well; two days after I was called in consultation with him, and found puerperal fever. This case began in a more insidious manner, and was *not* ushered in by a chill. I found her with a quick but feeble pulse, the abdomen was so tender that the weight of the bed clothes produced distress. The distention of the abdomen was almost as great as before delivery, the uterine region being very painful on pressure, the lochial discharge was diminished and changed in its appearance, and had decidedly an offensive odor. The urine was passed freely, but the bowels had not been moved. The secretion of milk had not developed, the tongue was red on edges and coated in centre. The thirst being very great, the face pale and ghastly, eyes without animation. The features indicated anxiety, and the pulse great debility of the vital powers. Up to this time I was assured that the treatment had been simply a dose of castor oil, which had been vomited up. I advised half-grain doses of opium, every four hours, and teaspoonful of emulsion of gumarabic, containing five drops of spts. turpentine and the same of tinc. opii. to a dose, every four hours, alternating with nourishing drinks and beef tea, not omitting the free application of turpentine over the abdomen. On the 31st found her vomiting in so high a degree as to prevent the smallest quantity of food or medicine being retained on the stomach. The matter thrown up was first green, then of quite a dark color. At this stage Dr. Foster, of Cincinnati, was called in consultation. He approved of the treatment, and insisted upon its continuance as far as possible. The vomiting now became so distressing that we resorted to one-fourth-grain injections of sul. morph. under the skin, every four hours. This treatment only procured a short repose of probably not over half an hour at the time.

On Nov. 1 the swelling and tension increased in the abdomen, the vomiting continued, the pulse was more frequent and irregular, the pain and tenderness ceased in the abdomen, and death ensued.

Case III.—Oct. 30. Dr. G. W. Thornton assisted me in delivering Mrs. K., with forceps, of a dead child. This was her fifth child. She had never had any trouble in her former confinements. Previous to Dr. Thornton's coming into the case, I had remained with her all night and most of the day. The membranes had broken before I was sent for. (Mrs. K., who was a large fleshy woman, refused having fire in her room on the very cold day of her sickness, and the exposure during the use of the instruments may have aided somewhat in producing the chill which preceded the fever and other principal symptoms.) Twelve hours after delivery she was seized with a chill; the symptoms were quite as violent in this case as in the previous ones. In addition to the soreness, pain and tension of the abdomen, there was a most distressing dry cough or wheezing, and delirium attending her illness most of the time. The treatment had, for at least a week, consisted of 5 grs. Dover's powder, with spirits menderei and nitre, to allay the thirst, alternating at intervals of four hours, and a free application of turpentine over the abdomen. This woman had persisted, soon after her confinement, in dosing herself with castor oil, consequently we gave no purgatives. After the seventh or eighth day the soreness, tenderness, and tension of the abdomen subsided; but the cough and difficult breathing continued, with

temperature of 105°; pulse 150, weak and tremulous; strength was sinking. We gave carbonate of ammonia freely, three grains every four hours, beef tea and wine every hour, until the pulse became stronger. Having discovered that while, for several mornings, the pulse was at 120, it would be increased to 140 by evening, we commenced using three grains of quinine solution every two hours, commencing early in the morning. This treatment was followed by great improvement in the pulse and symptoms. I continued the quinine and beef tea for ten days, and then ceased visiting her, finding her sufficiently relieved to warrant my discharging the case.

Case IV.—The day following the delivery of Mrs. K., Oct. 31st, Dr. G. W. Thornton assisted me in delivering Mrs. H., a case of face presentation. She recovered very happily, with no puerperal symptoms.

On the 1st Nov., the day following Mrs. Hughes' delivery, I assisted Dr. T. in delivering a lady who had most violent convulsions, yet the doctor informed me that she recovered without puerperal fever.

On Nov. 3d I was called early in the evening to attend Mrs. Gudgeon in her first confinement. I remained all night. The membranes discharged, but left the os rigid and unyielding. Hour after hour passed in strong efforts to dilate, until my patient had spent all her strength without the results desired. In view of the distressing cases I had previously had, coming one upon the other so rapidly, I determined to again call my friend, Dr. T., to aid me. He came with instruments to find that I was *about through*. We remained, however, an hour with the lady, finding her much exhausted. I returned in a few hours, and found her suffering with severe pains, similar to after pains; the afternoon of the same day she had a severe chill, followed by soreness and tenderness over the abdomen. I gave no purgative medicine, believing that the more quiet the condition of the bowels after confinement the better, until at least twenty-four hours should elapse. Gave spir. mend. and nitre, alternated with 1-6th gr. morph, every four hours and commenced early with free application of turpentine over the abdomen, and poultices.

On November 5th I took Dr. T. to see her, and requested his attendance with me. We gave in addition to nitre mixt., and in place of morph., Dover's p. five grs. every four hours between, and continued the poulticing and turpentine fomentations. The symptoms were now of the most alarming character, namely, quick pulse, temperature 105 degrees, and enormous swelling of abdomen, with vomiting to a most distressing degree, everything given being thrown up. We resorted to hypodermic injections of morph. which produced some relief for a short time. Quinine, carb. of ammonia, and beef tea were all prescribed, and some portions retained after the injections of morph., but with no beneficial effects, and on fifth day after confinement she died.

On November 6th I delivered Mrs. Ward, who recovered without any symptoms whatever of puerperal fever. This ended a series of cases all occurring within ten days, four of whom recovered without any unpleasant symptoms, and four having puerperal fever. I present the cases exempt from the fever in their proper order, both immediately following and preceding others which suffered from this disease, as an argument against the theory of the infectious nature of the disease. I think they clearly prove that the theory of some of the old physicians, and possibly some of the present, that a physician may ride many miles on a cold day, and carry the infection from one patient to another, causing the disease to spread, is totally without foundation, and to say the least, is absurd.

Immediately during the occurrence of these cases there was prevailing in the city erysipelas, small-pox and diphtheria, to a considerable extent, and is it not likely that under the influence of the noxious atmosphere there might exist a predisposition in the system of the patients to this disease, which had remained latent, and, after delivery become developed? These patients had for months been in a more plethoric state than usual. The heart tasked to a very extraordinary duty during labor; the nervous system more excited and irritable, the uterus for hours under the great pressure of the fœtus against the bones of the pelvis, and after delivery still greatly engorged and irritated by portions of coagula within its body. Is it then singular that inflammation does take place when there is this predisposition to take on morbid action? and that disease be lighted up, extending over the peritoneum as well as involving the uterus? Then the great wonder is that many escape the results of fever, and that the peritoneum should escape inflammation when so constantly threatened. These cases occurring in twelve hours after delivery could not have been produced by any contagion; as previously stated, during the time of these cases, there was a prevalence of other diseases, and I am led to believe that they were produced by some special causes which depraved the blood, deteriorated the general system, and produced symptoms which could not have been caused by inflammation alone.

In the time which has elapsed since the first organization of this society, many changes in the treatment of diseases have occurred, until we can scarcely crédit the fact that thirty years ago the able men whose places we now fill, would have commenced the treatment of most febrile diseases by copious purging and by free and often repeated blood letting. Could they arise and be present to-night, they would be startled at the concessions made to Nature, and at the opposition to their long cherished opinions. A few words regarding the treatment of this disease formerly, in contrast with the treatment suggested by the recent authors and practitioners, would be appropriate here. Formerly it was the custom to bleed the patient until a

strong impression of a sedative nature was produced. If the pulse was not diminished in force as well as the pain, recourse was again had to the lancet, until the desired effect was produced. Then, after blood-letting had been repeated, from 150 to 200 leeches were often applied over the abdomen. After the reduction of the pulse by bleeding and leeching, if the symptoms continued, a large blister was applied, and calomel combined with opium given and pushed to the extent of ptyalism, and frequent anointing of the abdomen with mercurial ointment was practiced. At the present day, by many, blood-letting and the free use of calomel are regarded as the most objectionable treatment that could be adopted. On the other hand it does seem to me that the more recent idea of giving a patient five-grain doses of opium, and repeating it very often, is fully as objectionable. Whilst it would certainly alleviate pain, it would, in cases similar to those I have mentioned, rapidly produce complete narcotism if continued.

Regarding this malignant form of puerperal fever or inflammation as a result of a depraved condition of the blood caused or excited by the presence of telluric influences, my treatment in future cases would not be much changed. The first and most important step would be to alleviate pain by moderate doses of opium, often repeated and closely watched, with the free use of quinine and beef tea from the start; feeling satisfied that any depletion only tends to hasten a fatal result.

In conclusion I will say that I do not desire to detract in the least from the credit and honor due the old schoolmen of the profession, as they certainly did their duty as the indications then demanded. But time has made changes and improvements in pathology and therapeutics, which, together with atmospheric changes, habits of living, etc., will readily account for corresponding changes in the treatment of diseases at the present day. While we have more light than had they upon this and kindred subjects, obstetrical practice must still advance with the growth of science, and our descendants will probably depart from our practice in many particulars. It is by the patient observation and thoughtful practice of each physician of this generation that the next must be benefited, and by recording and discussing our observations and deductions, we are giving our aid to generations yet unborn, that they may escape in a greater degree the curse of pain and untimely death.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At the annual meeting of the Philadelphia County Medical Society, held Jan. 15th, the following officers were elected:—

President, Dr. William B. Atkinson.

Vice-Presidents, Drs. Henry H. Smith, H. St. Clair Ash.

Recording Secretary, Dr. Henry Leaman.

Assistant Recording Secretary, Dr. Lemuel J. Deal.

Corresponding Secretary, Dr. William Goodell.

Treasurer, Dr. William M. Welch.

Censor, Dr. N. L. Hatfield.

On taking the chair, Dr. Atkinson said:—

GENTLEMEN, The honor you have just conferred upon me is, to me, the highest testimonial of your appreciation of my conduct in the various positions in the Philadelphia County Medical Society to which your partiality has called me. While returning you my most earnest thanks for this further mark of your esteem, permit me to offer briefly a few suggestions as to the future of our Society.

The Philadelphia County Medical Society should be the popular Medical Society of this great medical centre. With about 1000 physicians in Philadelphia, we should have on our roll of membership at least 500; with such an array as this, it would be in our power to urge with some force any of the reforms so much needed in our Boards of Health, of Police, our Prisons, our Schools, our Workshops, in fact, in every department of our vast city. This Society should be the point from whence should radiate all the information relative to ventilation, cleanliness, disinfection, etc., so necessary for the maintenance in health of the people, who freely pay their taxes, and have a right to demand in return full protection and care, whether from the midnight marauder or the pestilence that wasteth at noonday.

But secondly, in order to increase our numbers and consequently our moral, not to say political, strength, we should offer to our brethren such inducements as would impel them to connect themselves with us. In this connection, it must be borne in mind that with medical societies, both of a special and general nature, amounting to nearly a score, it is perhaps not so much to be wondered at that we increase so slowly in numbers. With a profession so poorly paid as ours, and with so many demands on us, many can illy afford the additional tax incident to membership in several societies.

Then to induce our brethren to enroll themselves on our list, and lend us the aid of their presence and counsel at our sessions, would it not be well first to remove as many barriers to membership as would be consistent with the maintenance of the tone of the Society? Rescind the law requiring a certain length of residence in Philadelphia; cut down the yearly tax to the old sum of $2; secure a room wholly our own, in which to hold our meetings, to build up our library and museum, and serve as a rallying point for the profession of Philadelphia. With such a state of affairs, how long would it be before we would find the young men, yes and the older ones too, knocking at our doors for admission, without waiting to be sought out and urged to join us.

But gentlemen, time will not permit me to

enlarge upon these points; I merely offer them for your earnest and careful consideration.

If the year upon which we are now entering is to be full of value to this Society, if we are to make progress, much, very much, will depend upon the manner in which its members support their presiding officer. Let me ask, then, that each and every one of you will regard our meetings as of sufficient importance to require your presence. Do not be content with this, but bring to these sessions everything you can obtain of a nature to make the evening a pleasant and valuable one.

Report your cases, give us the results of your trial of new remedies, in short, regard the County Society as a depository for your medical contributions. Do not let every trifle interfere with your attendance, and gentlemen, I entreat you do not let our business meetings fail for want of a quorum. By a little earnest effort on the part of each member, this year can roll up a valuable aggregate of work for the County Medical Society, which will go far to make it the power it should be.

One more suggestion, before I close: would it not be well to have some method by which a monthly or quarterly report could be made of all cases of disease occurring in the practice of our members? The mortality reports of our Board of Health lose much of their value for the want of some means of estimating the ratio of deaths to cases. Again, as in the case of the epidemic of Relapsing Fever, such reports as these would have aided greatly in the preparation of the history of that disease. This idea was suggested by my friend, Dr. Wm. Pepper, who proposed the issue of blanks for such reports. Of course, this could not be made obligatory, and would have a partial value, being confined to the membership of our Society. But I believe that a year's experience would prove it of so much value that other societies would be induced to adopt it, and finally some arrangement might be made with our Board of Health, by which it could be made a general thing.

In conclusion, gentlemen, permit me again to thank you for the honor which you have just conferred upon me, and let me assure you that no effort shall be wanting on my part to advance our standard and carry the Philadelphia County Medical Society to the front rank of the medical organizations of Philadelphia.

Editorial Department.

Periscope.

The Therapeutical Use of the Stomach Pump.

At a late meeting of the Clinical Society of London Dr. Hermann Weber read a paper for Dr. Schliep on two cases of dilatation of the stomach, with speedy improvement and recovery, under the use of the stomach pump. In many other cases also the results of the application of the stomach pump had been eminently satisfactory, and appeared in general in the following order: vomiting ceased, pains disappeared, appetite and action of the bowels soon became better, the general health was improved, and the patient's weight was increased. In some cases it was found desirable to wash out the stomach with solutions of various medicines; and he tried soda, creasote, boracic acid, and permanganate of potash, with good effect. The patients soon became accustomed to the introduction of the pipe, and, after several applications, the unpleasantness of the operation disappeared entirely. The fear of sucking some mucous membrane into the opening of the tube was almost without foundation, and such an event might be avoided by care and by inserting an India rubber tube between the pipe and the pump, which would close as soon as any impediment opposed the flow of liquid to the pipe. It happened once to Dr. Schliep, in about six hundred applications of the pump, to bring up a small piece of the membrane, when the patient himself pulled out the tube somewhat suddenly after the finishing of the operation, but no bad consequences followed. Considering the advantages of the stomach pump in the cases alluded to, Dr. Schliep believes that this method of treatment will take an important place in the therapeutical agents in stomach diseases. Dr. Cholmeley thought that it was only necessary to use the stomach pump in the few extreme cases of dilatation of the stomach, and, perhaps, in sarcina ventriculi. Cases of dyspepsia were otherwise amenable to treatment. Dr. Fagge thought that dilatation of the stomach was more frequent than was generally supposed. He had tried the stomach pump in several cases, but the results, under the circumstances, were not of value. One was the case of a man, twenty-three years of age, from whose stomach seven pints were drawn off with much relief; but the patient was very weak at the time, and apparently dying. The man died two hours afterwards. Dr. Weber, in reply, said that when the stomach pump came to be used, dilatation of the stomach would be found to be more common than was generally supposed. Dr. Schliep had used the pump in sixty cases, which required six hundred applications. The stomach pump might tell us what articles of food were di-

gested, and what were not, in some cases. In phthisis, he had seen excellent results, in both the local and the general symptoms, from availing himself of the stomach pump in this direction.

The Treatment of Fibrinous Cardiac Deposit.

The eminent Dr. B. W. RICHARDSON lately read a paper on this subject before the Medical Society of London. He said that when, twenty-two years ago, he revived the subject of the nature, diagnosis, and treatment of fibrinous depositions in the heart during life, he met with two classes of objectors in the course of the debate. One esteemed Fellow of the Society, taxing his labors as visionary, had asked the severe question, Whether had the paper been before the Committee of Reference? Another equally esteemed Fellow had said that, if the facts were as had been stated, they served but to raise up a hopeless knowledge for medical men. Therefore, *cui bono?*

By repeated experiment, Dr. Richardson had demonstrated that fibrine does in some cases separate in the heart during life, while, from clinical observation, he had been able to point out the symptoms indicating the fact of such separation. The second objection had been met with infinitely more difficulty, and he had not, though many years had passed, ventured to speak of it with the hope of removing it. He had year after year seen cases *in extremis* where death was clearly the result of fibrinous separation, and he had discovered no opportunity of affording distinct service. At last this distressing state of doubt was passing away, and he might venture to speak of some method of approach towards success. He next referred to the exceeding mortality of the cases which he had seen. They included cases of croup in children; of pneumonia; of peritonitis; of ovarian operation; of parturient cases before and after labor, and with and without phlegmasia; of erysipelas; of scarlet fever; and some obscure cases in which nothing was proclaimed until the appearance of the fatal symptoms, except what was called cold or febricula, or remittent feverishness. After describing cases in detail, he stated that in his experience recovery after fibrinous deposition had become actually developed did not occur in more than three per cent. Of all classes of disease, croup, he believed, yielded the largest number of examples; after that, diphtheria; and after that, the puerperal condition and peritonitis. He placed before the Society, in a revised form, the special points of diagnosis of fibrinous separation as occurring (*a*) on the right side, (*b*) on the left side of the heart; he then noticed anew the condition favoring deposition. Under this head especially he named increased local heat of parts, involving large veins, as of extreme importance. For example, erysipelas, involving the skin over the lower extremities, was exceedingly dangerous. He was of opinion that the local increase of heat was in such cases sometimes the only just cause of danger. The increased temperature of blood in the veins acted on minute portions of fibrine, and the semi-solid little masses of fibrine formed were carried into the heart, to become nuclei or centres for the larger separations. More speedy, or sudden, general or systemic increase of heat, as in certain cases of apoplexy, led to separation in the larger vessels and in the heart itself.

The greater portion of the paper was devoted to the subject of treatment in cases of fibrinous deposit, and especially in cases *in extremis*. 'As soon as the symptoms of deposition had become developed, all influences that had a depressing effect upon the heart ought to be instantly withdrawn. Mental influences telling upon the emotions should be avoided. Sometimes the great distress exhibited by the sufferers—the distress of the dyspnœa particularly—tempted the practitioner to give opium. The practice was fatal, and could only be defended on the doubtful ground that all treatment was useless except to secure euthanasia. In cases of croup, it was often a question whether tracheotomy ought to be performed to relieve dyspnœa; it being uncertain whence the dyspnœa proceeded, whether from obstructed respiration or obstructed circulation. In such instances the diagnosis was simple; and, when it was clear that the dyspnœa was cardiac, the operation was useless, and was better avoided. But in mixed cases, or in cases of doubt, Dr. Richardson was inclined to give the patient the benefit of the operation. In purely defined instances of fibrinous separation, the practitioner, having determined what should not be done, had to settle the question, What shall be done? The first element of treatment, especially where the separation was on the right side, was to give absolute rest of the body in the recumbent position, for the heart working under embarrassment could bear no undue fatigue, and at the same time every active motion increased the danger of loosening the fibrinous mass, and of allowing it to float into the pulmonary artery. Rest secured, there should be given as much food as the stomach would bear without distension from flatus; milk, rendered slightly alkaline by lime-water, and charged with a little Liebig's extract of meat, being on the whole the best food. The body, if cooling, should be kept warm by external dry applications. Sand-bags were the best when they could be easily procured; and the temperature of the air should be sustained at 60 deg. or even 70 deg.; the air, also, being kept dry. As to internal remedies, the author had first inclined to the free administration of alkaline solutions, especially ammonia; but in a case in which, several years ago, he carried out this treatment, using the bicarbonate of ammonia, and which terminated fatally after several days, although the concretion was found to have greatly softened and broken up, the blood was reduced to such an extreme

solubility, and the corpuscles so extensively destroyed, that he had found the remedy as serious as the malady. He had suggested the injection of ammonia by the veins in these cases, but held back, for the reason stated above from following out the idea: He had tried inhalation of ammonia, but without sufficient success to warrant enforcing the plan. Lately, seeing the all but invariable fatality that followed the fact of depression, he returned to the use of ammonia as a remedy, by administering it in large and repeated doses, in combination with iodide of potassium; using, not as before, a salt of ammonia, but the liquor ammoniæ of the *Pharmacopœia*. To an adult he had administered ten-minim doses of the liquor ammoniæ in ice-water, every hour, with from three to five grain doses of the potassium iodide every alternate hour. This treatment had been followed by a degree of success which he had never anticipated. Nothing could be more remarkable than the fact of the quantity of ammonia that could thus be administered without danger, except the fact of the degree of fluidity of blood and of blood-corpuscles that could be recovered from. In proof of this, he detailed two cases in which this treatment had been followed out with the effect of entirely relieving the heart when death seemed all but certain. One of these cases had ended in slow but entire recovery, and the other had now progressed favorably for nine weeks.

The addition of alcohol to the treatment in the management of these cases was then discussed. The direct effect of alcohol in these cases was unfavorable when taken alone, but with ammonia it might be given with advantage whenever the heart was commencing to fail in action. The solution of ammonia in alcohol might then be substited for the aqueous solution, or brandy might be given in half-ounce doses every hour. Alcohol, however, was only to be held in reserve as an adjunct rather than a remedy. The course of the symptoms during recovery, the dangers that appeared, the changes of blood, and the risk of secondary pathological modifications in remote organs, and especially in the spleen, were described and subjected to practical comment. In conclusion, the author stated that prognosis was much more favorable when fibrine had separated on the left than on the right side of the heart, the breaking away of the fibrinous mass on the left side being followed sometimes by immediate relief to the heart, and by ultimate recovery. He mentioned a case where he had been summoned from town to attend, and he left the patient apparently in *articulo mortis*, and he was only able to comfort the friends with the hope that the concretion might possibly break away and the heart become relieved. Shortly after he had gone the event thus hoped for actually occurred; the semi-conscious patient was almost immediately relieved, and, except for some temporary numbness of the lower extremities (for the concretion was carried into the abdominal aorta), recovery was completed.

On Nutritive Enemata.

Dr. JAMES CUMMING says, on this subject, in the Dublin *Journal of Medical Science*:—

Various observers have investigated the subject of absorption from the large intestine. Among the most recent observations are those of Eichhorst.* He states that the secretion of the large intestine acts only mechanically in the direction of facilitating the onward progress of the intestinal contents. Some digestive efficacy had been attributed by several previous authors to the secretion of this part of the bowel. Eichhorst states, however, that without their having been necessarily subjected to any previous digestive process in the intestine, certain substances are more or less absorbed. Among these are some of the peptones, the expressed juice of raw meat, the albumen of milk, egg-albumen when mixed with salt, and Liebig's extract of meat. On the other hand, unsalted egg-albumen, the albumen of blood-serum, fibrin, syntonin, and myosin, are not at all absorbed.

The subject has been also investigated by Leube,† who has given a careful and judicious appreciation of what is necessary for a clinically useful nutrient fluid. Egg-albumen with salt is, he points out, liable to two objections; firstly it is likely to cause diarrhœa; and secondly, its injection into the rectum is commonly followed by the appearance of albumen in the urine. This latter circumstance had been previously noticed by Eichhorst, and although it probably is not attended with much risk to the kidney, still it cannot be regarded as a matter of indifference. With respect to milk, Leube points out that this fluid very often returns quite unaltered, and that its use is in many instances followed by the appearance of sugar in the urine. Still it is regarded as being more valuable than eggs. Peptone solutions had been strongly advocated by Meissner, and by Voit, and Bauer. The directions given by Meissner for the preparation of a solution for this purpose are, to digest from half a pound to a pound of meat with a gastric juice, containing certain proportions of hydrochlorine and pepsine, for twelve hours, at a temperature of 104° F. (40° C.). The solution is then filtered, and parapeptone is precipitated by cautiously neutralizing the acid solution. It is evident that however theoretically perfect the solution might be, and however fitted for easy absorption, the great care and skill requisite for its preparation makes it altogether unsuited for the necessities of medical practice. The expressed juice of meat is open to the objection that it is apt to cause diarrhœa, and, in addition, so small a proportion of juice is got from meat that its

* Pflüger's Archiv. für Physiol., iv, p. 570.
† Archiv. für Klinische Medicine, Bd. x, s. 1.

price comes to form a serious drawback to its general employment.

As a better nutritive injection than any of these, Leube recommends a mixture of very finely-minced raw meat with about one-third of its weight of the pancreas of an animal, either that of an ox or that of a pig. To this lukewarm water is added in sufficient quantity to make the whole into a pulpy consistence. This latter part of the process requires some time and attention, inasmuch as the material to be used must pass through an injection apparatus. The addition of fat in the preparation of about one-sixth of the meat is in some cases an advantage. A larger proportion of fat than this has a tendency to cause too early evacuation of the contents of the intestine. A mixture of this kind is, according to Leube, in a great degree digested in the intestine, and by means of it a considerable amount of nitrogenous material is introduced into the system. If starchy substances are added to the mixture, they are changed so quickly into sugar by the action of the pancreas that slight diarrhœa is brought about. He found that after the employment of these injections more nitrogen was excreted by an animal deprived of nitrogenous food than had been excreted previous to their use. He found, also, that injections such as we have mentioned preserved the equilibrium between the consumption and the excretion of nitrogen, when an animal was deprived of a portion of the nitrogenous food which it had been accustomed to receive by the mouth; and, finally, a quantitative examination of the fæces supplied direct evidence of the absorption, by showing that the amount of nitrogen in them was less than what had been introduced into the intestine. From these facts Leube considers himself entitled to state that a real digestion of meat takes place in the rectum and colon by the aid of the pancreatic juice furnished by the substance of the pancreas, and that the products of this digestive process are absorbed in considerable quantity into the blood. This mode of nutrition has been employed in three cases with apparently great benefit. Of these one was a case of catarrh of the stomach, with severe vomiting and cancer of the peritoneum; another was a case of cancerof the stomach; and the third was a severe case of accidental poisoning by tincture of iodine with great corrosion of the stomach. In the last case, which is one of great interest, there could be no doubt of the nutritive value of the injections, the patient having been, in May of this year, about six months after the poisoning, able to be up during the whole day, although still requiring the use of the injections recommended by Leube.

The general conclusions at which Leube arrives are, that the injection into the rectum of finely chopped meat mixed with the finely chopped substance of the pancreas, hardly ever produces diarrhœa. The injection is retained commonly for from 12 to 36 hours. An enema of water must be always given before the nutritive one. This precaution ought to be taken even if the bowels had been spontaneously moved soon before the time for the administration of the enema. It is better to allow an interval of a day to elapse before repeating the injection, if, after having been for a period well borne, evacuations of the bowels begin to occur soon after its administration. The patient, after this species of injection, is said to experience no uncomfortable feeling, no weight or pain in the abdomen; on the contrary, the sensation of emptiness diminishes, hunger becomes less urgent, and the pulse becomes fuller.

Experiments with Disinfectants.

As the result of a series of experiments with disinfectants, Herr Eckstein, of Vienna, strongly recommends chloride of lime as the cheapest and best. Bleaching powders rapidly decompose all hydrogen compounds, such as ammonia, sulphuretted hydrogen, sulphide of ammonium, phosphoretted hydrogen; and these are the gases which occasion miasma. It acts rapidly by liberating oxygen, and its chlorine violently decomposes organic matter. At the same time bleaching powders are a cheap commercial article, and hence always accessible. In order to avoid the inconvenience often resulting from the liberated chlorine, the ingenious device has been tried of enclosing the bleaching powders in a bag made of parchment paper. This bag remains quietly where it is placed, and by the principle of endosmose and exosmose, the full effect of the liberated chlorine is attained without any inconvenience to the occupants of the house.

Herr Eckstein made comparative experiments with different disinfectants, for two years, with the following results:—

1. Two pounds of sulphate of iron dissolved in water and poured into a saucer at first liberated sulphuretted hydrogen, and after twelve hours no longer produced any effect.

2. A solution of sulphate of copper behaved in the same way.

3. Two pounds of crystals of green vitriol retained its action for two days.

4. A mixture of sulphates of iron and copper and carbolic acid lasted two days.

5. Sulphurous acid was suffocating, and ceased to act in one day.

6. Carbolic acid produced a worse smell in the house than the bad gases of the sewer.

7. Two pounds of sulphate of iron in a parchment bag retained its valuable property longer than when exposed free.

8. Two pounds chloride of lime in a parchment bag continued to purify the air for nine days.

9. Permanganate of soda was successful as long as it lasted, but is too expensive.

Enclosing chloride of lime in a parchment bag, and suspending it in an out-house, or leaving it in a sewer, is recommended, by the experimenter, as the best disinfectant to be obtained in the market.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A new monthly Journal, under the name of *Il Galvani*, is to be published at Urbino, in Italy, this year. It is to be specially devoted to electro-therapeutics. And a monthly medical is also projected at Dublin.

——Under the title *Culturgeschichtliche Abhandlungen uber die Reformation der Heilkunst*, Dr. Alexander Rittmann, of Brunn, is republishing several of the leading medical authors of the fifteenth and sixteenth centuries. The last number includes Fracastorius, "On Sympathy and Antipathy," and Fernel's *Physiologia*. These are important works on the medical history of that age, and it is to be hoped the learned editor will be encouraged to prosecute his undertaking.

——We have also two new works on Physiology. The first of these is by Dr. Nicol, and called *Human Physiology, the Basis of Sanitary and Social Science* (Trubner). The title tells the drift. The other is by Dr. Hughes Bennet, of Edinburg, who now issues a *Text-book of Physiology* (Thin), written in his very best style and illustrated with twenty-one photo-lithographic plates. It will at once become a standard manual.

——The following prizes are announced for the years 1873, 1874, and 1875. *Physical Sciences.* Three gold medals, each of the value of 1000 *francs*, for essays on the following subjects: "The history of the genetic phenomena which precede the development of the embryo in dicecious animals in which reproduction takes place without copulation;" "The process of fecundation in mushrooms;" "The distribution of the marine animals of the coast of France." The essays, written or printed, must be in before June 1st, 1873. Three *Lacaze prizes*, each 10,000 *francs*, will be awarded in 1873 for the essays which shall have contributed most to the progress of Physiology, Physics, and Chemistry.

BOOK NOTICES.

Surgical Diseases of Infants and Children. By M. P. Guersant, Honorary Surgeon of the Hospital des Enfants malades, Paris, etc. Translated from the French by Richard J. Dunglison, M. D. Philadelphia, H. C. Lea. 1 vol., Cloth, 8vo. pp. 353.

The value of M. Guersant's work is derived chiefly from the fact that it is the result of over twenty years' constant experience in the Children's Hospital at Paris, where the author was clinical lecturer from 1840 to 1860. His style is pointed and practical, and the large number of diseases which he describes renders his work quite comprehensive. It consists of seventy-three chapters, each devoted to some special surgical disease of childhood, and not so much rare and singular ones, as those which are met in ordinary practice. The author confines himself almost exclusively to the methods he himself has employed and prefers, and does not extend his view into other's methods or experiences.

While, therefore, there is a great deal of instruction in his pages, he is an unreliable guide, and far from complete in his discussions, especially of treatment. Many topics are treated inadequately (e. g. nævi materni, cataract, harelip), and many valuable modern therapeutical resources are not mentioned at all. There is no sort of arrangement of the topics treated, the chapters being thrown in entirely hap-hazard, a piece of negligence which ought to have been remedied in the translation. The book is one which contains many excellent hints, but is very far from representing fairly and fully the French surgical practice of the day, let alone the surgical practice which is not confined to the narrow limits of one nation's prejudices, but is as broad as science itself.

The translator has done his work faithfully, the language being clear and correct, and the text carefully preserved from additions and intercalations, such as we usually see.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 25, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

MEASURES OF PROGRESS.

The one most conspicuous fault which any scholarly mind will notice in the medical literature of the day, especially in that of this country, is the prevailing ignorance of what has been done previously, a disregard and even a species of contempt for the views and theories which have any savor of antiquity about them. Time was, when, unless Galen, or Hippocrates, or Oribasus could be quoted in support of a medical position, it was dismissed as untenable; this folly is now supplanted by the opposite one which grants no weight at all to those worthies or to any others not our immediate and active cotemporaries.

Consequently we do great injustice to the memory of many profound and just thinkers and students of the art of healing. Ignorant of what they really accomplished, we decry and contemn them all. Yet to apply any measures to our own progress we must know where we commenced as well as the pace we progress. The development of discovery in any direction varies both in kind and in degree. The questions of highest interest an age ago may not be those deemed most pregnant now, but an age hence may resume their potency.

What the lines of study are to-day which most demand attention, have been well stated in the introductory lecture to the current course at the Jefferson Medical College, by Dr. J. M. DA COSTA, professor of the principles and practice of medicine in that institution. Under the unassuming title of "Modern Medicine" the address in question has been published, and from it we make some extracts, to indicate what are the measures of progress of science as it now is.

The author remarks:—

In taking a calm survey of the existing state of our science, we find that work has been of late years accomplished or is chiefly progressing in the direction of ascertaining with readiness, What is the matter with the sick? What becomes of the illness if left to itself? What cures it, or at least does good? and, How can the malady be prevented? These great questions lie at the foundation of practical medicine, and their importance is more than ever realized.

The first of these inquiries is by no means satisfied by a mere physical diagnosis, a catalogue of related symptoms, but, as the author points out, it embraces the import of pathology and the still deeper questions of the relation of disordered function to actual disease, the effect of diathesis on morbid conditions, and the appreciation of diagnostic probabilities. No mere handiness in the use of instruments can supply the want of sound discernment in these particulars.

Passing from this the author says:—

The second great question I mentioned as one with which modern medicine has been pre-eminently occupied, concerns the study of the natural history of disease. In truth, as regards the whole future of our science, here is, I think, the achievement of our day most pregnant with the seeds of progress. To learn, as we have learned of many diseases, and are trying to learn of every one, what becomes of it when left to itself, how it begins, what laws it obeys, how it progresses, and how it ends, is to have the only

sure basis for prognosis, and the only rational one for therapeutics. This study underlies, then, the application, certainly the appreciation, of all remedies; and the more we give ourselves to it, the better for us in every respect. Yet it is a kind of knowledge very difficult to obtain. It is only by careful investigation of cases that have come into our hands without previous treatment, or by observing instances of disease so light that they may be safely left to themselves, or by comparing results with those systems of medicine in which doses are administered that we know to be inert, that such information can be legitimately acquired. But, notwithstanding the obstacles surrounding the subject, the thought and labor expended on it are causing it to be well understood.

In what refers to our power in curing disease the author compares the present rate of mortality and of health with that in Christendom two centuries ago, and with that in China to-day. He refers to the value of anæsthetics, hypodermic medication, electricity, etc., and concludes with the following judicious observations on a much debated topic:—

"Another point in the general management of disease is, that we are aiming much more at curing it by the aid of nature; by assisting or promoting those processes that she always has at work; by upholding the powers of life in place of depressing them. These ideas lie at the root of that 'restorative medicine' which of late years has been a subject so much studied. With it, too, is largely mixed up the giving of stimulants in acute disease, a mode of treatment which, when it departs from the mere object of sustaining or restoring force so as to aid in the natural solution of disorder, has led into routine practice and into as grave errors as it intended to avoid. To give food and sustain, not, in the strict sense of the word, to stimulate, except where imperatively needed; to retain, restore, or develop vital action; to do this, often while forwarding the processes by which nature gets rid of the malady, has become the treatment of a large class of affections. Now, it is very evident that the investigation of the natural history of disease has had much to do with shaping this system of therapeutics. And that it is a step in advance; that, judged from a practical point of view, it leads to better results, and saves more lives; that more desperate cases are, by its just appreciation, restored, cannot be gainsayed. Yet I do not think that it represents the highest state of medicine. It is a confession of weakness, a keen appreciation of where our power ends, and how, with the means at our disposal, we had better persuade and guide than command and compel."

The value of preventive medicine he fully recognizes as "the greatest of all questions connected with the science and art of medicine," and in it, too, we are cheered with numerous visible improvements of recent date.

Such a retrospect as this of Dr. DA COSTA will be a benefit to all to read, doing justice, as it does, to the present laborers in the field, without unduly upholding their results as final or approaching completeness.

NOTES AND COMMENTS.

Vaccine Virus.

For the benefit of the profession and the public we make a standing offer to supply physicians *gratis* with vaccine virus, *provided* they enclose us a three cent stamp to pay postage, and *return us some of the product.* This latter many forget to do. Smallpox prevails in many parts of the country, and we badly need virus for this gratuitous distribution. We urgently request the many we have obliged in this way to send us fresh, reliable crusts *at once.* We cannot supply the many applicants unless those who have received from us remember their obligations.

The Production of Ozone with Electricity of High Tension.

Prof. A. W. WRIGHT describes, in the *American Journal of Science*, a simple apparatus for this purpose. It consists of a straight glafs tube eight inches long, and of an internal diameter of one inch, the two ends being stopped with corks, covered on the inner side with cement to protect them from the action of ozone. Through each cork a tube is inserted, three-sixteenths of an inch in diameter and 2¾ inches long,

each having a branch perpendicular tube inserted in the middle. The ends of the tubes themselves are closed with corks, through which pass copper wires; on the inner end of one of the wires is placed a metal ball, and on the inner end of the other a metal disk with rounded edges of about ⅛ inch diameter. These wires are connected with a Holtz electro-machine, the disk being the negative terminal. The current of air passes through the perpendicular branch tubes from the negative towards the positive terminal, and ozone is thus produced in large quantity and rapidly. The same writer observes that vulcanized rubber is decomposed by ozone, the oxygen combines with the sulphur, forming sulphurous oxide, and this with atmospheric moisture produces sulphurous acid, and this in turn is converted by the ozone into sulphuric acid. This accumulates in summer upon the ebonite insulators of electro-machines, impairing their insulating power. The effect may be remedied by rubbing the insulator with oxide of magnesium, then with a wet cloth, and finally with a little bisulphide of carbon. The machine will then be found to work with its usual energy.

Philology and Darwinism.

Prof. MAX MULLER delivered the first Roscoe Lecture in connection with the Literary and Philosophical Society of Liverpool last month. His subject was the philosophy of language, more especially in its bearing on the Darwinian hypothesis. In opposition to the theory of Mr. Darwin, the learned professor maintained that the absence from the vocal expressions of the lower animals of anything like a phonetic type or verbal root was of itself sufficient to set aside the view that human language is but a development of the inarticulate sounds of brutes. It is the conviction of Professor Müller that language is the great line of demarcation between man and the lower creation.

Tapping Hepatic Hydatids.

Not long since, at the Clinical Society of London, Dr. DUFFIN read the histories of seven cases that had been treated by tapping with the fine trocar and canula. In three of these secondary enlargement of the liver came on from ten to fourteen days after tapping, and subsided spontaneously in from two to four weeks. In one instance not only did extensive frictions exist, but the fluid contained one-fifth of pus. Seventy-two ounces were evacuated. No bad symptoms followed. In two cases suppuration followed the puncture; in both, the cysts were crowded with daughter-cysts. Dr. Duffin adverted to the importance of clearing out the cysts as soon as possible after suppuration by a free opening, and to the value of antiseptics. The comparative merits of the small trocar operation and of electrolysis were then reviewed. It was admitted that gradual percolation into the peritoneal cavity was generally unattended by danger. Cases were cited where recovery had taken place after large quantities of hydatid fluid had been poured rapidly into the serous cavity. An instance of alarming symptoms after gradual percolation was also cited.

Treatment of Psoriasis.

We observe in a recent number of the *British Medical Journal* that that leading dermatologist, Dr. TILBURY FOX, thinks that the treatment of psoriasis by arsenic internally and tarry preparations externally is erroneous, and much too generally employed. For his own part, he has almost entirely given up this plan of treatment, except in certain chronic cases and where there is a syphilitic taint, when he found Donovan's solution of great value. In all other cases, he relies mainly upon soothing applications locally, viz., wet packing, alkaline and sitz baths, and oily preparations; and internally, remedies in accordance with the constitutional diathesis. This plan of treatment is especially successful in acute cases occurring in young children. Dr. Fox lays great stress upon psoriasis being treated on the same principles as other diseases, with due regard to constitutional and other causes likely to affect and modify it.

The Graduation of Doses by the Weight.

This plan is proposed by Dr. E. H. CLARKE, in the Boston *Medical and Surgical Journal*. He says:

Assuming the average weight of an adult to be one hundred and fifty pounds, for whom an appropriate dose is 1, or 1 drachm, the dose of most medicines must be increased or diminished in the proportion of the weight of the patient to that number of pounds. This proportion is represented by a fraction, whose numerator is the patient's

weight and whose denominator is 150. If a child at birth weighs six pounds, the appropriate dose for it would be six one hundred and fiftieths, or one twenty-fifth; if it weighs ten pounds, ten one hundred and fiftieths, or one fifteenth. A child two years old, weighing twenty pounds, would require twenty one hundred and fiftieths, or about one-seventh of an adult dose; or, more precisely, one-seventh and a half, which is exactly half way between the quantity indicated by the table of Gaubius for a child two years old and that indicated by Dr. Young's scheme for the same age. A person whose weight is two hundred pounds should have two hundred one hundred and fiftieths, or one and a third of an average adult dose. A child 12 years old, weighing 75 pounds, would require seventy-five one hundred and fiftieths, or one-half of an average dose.

The modifications of the average dose demanded by a patient's idiosyncrasy, disease and other conditions than age or weight, are not, of course, met by the above rule.

Godfrey's Cordial.

In general, this popular household remedy is prepared at hap-hazard by druggists, by mixing paregoric and molasses, half-and-half. In England, we learn that some chemists are in the habit of making a "Godfrey's cordial" which, unlike the usual medicine of that name, does not contain opium. It is sold "in cups," and is made of molasses, 4 lbs.; oil of sassafras, 40 drops; sweet spirits of nitre, 2 oz.; boiling water, 2 lbs. It would be very satisfactory if this should take the place of the opiate ordinarily sold under the same name, and largely used for drugging children.

On Hypodermic Solutions.

M. Adrian, in the *Rep. de Pharmacie*, points out that the choice between the pure alkaloid and its salts is not an indifferent one, for their salts vary in strength according to the equivalent of the acid which belongs to them, and also to the amount of water of crystallization which they include. Besides the salts are not always readily soluble in water, the solution often requires to be filtered, and filtration involves loss, and, in every case, fungi form in the solution after a time. The solutions of atropia and codeia are the most prone to change. The method he proposes in order to avoid these objections is as follows:—1. To use exclusively the pure alkaloids, which are well defined, stable, and of a constant composition. 2. To take as the vehicle *boiling* distilled water, containing 20 per cent. of pure glycerine. This insures preservation for a long time. 3. To employ sulphuric acid, diluted to 1-10, as the solvent, in preference to other acids. The sulphuric solution keeps better. 4. To substitute volumetric for gravimetric measurement. 1 part of morphia, atropia, and strychnia respectively, requires 2½ parts by weight of sulphuric acid, diluted to 1-10, for solution. The solutions should be dilute.

A New Application to Corns.

When a young man, says a correspondent of the *Country Gentleman*, I used to be very much annoyed by those painful excrescences called "corns," on the toes and feet, until I was told of a very simple but effectual remedy for them by some person. It was to bathe the feet in tepid water, to soften them; then pare them off very closely with a sharp knife; then rub on well green peach-tree leaves; when, after continuing the rubbing once or twice a day, the corns will entirely disappear, and not return, without the cause which first occasioned them. I have often tried the remedy, and never found it to fail yet. It seems to be the prussic acid in the peach-tree leaves that takes them away.

Impediments to Micturition in Children.

At a recent meeting of the Medical Union, in Vienna, Dr. Englisch described the following conditions as producing impediment to the flow of urine in children, and illustrated his remarks by preparations. 1. In many cases there is membranous occlusion of the external orifice of the urethra, extending generally some way into the canal. 2. The urethra may be obstructed by broad valves, with the free edge lying towards the bladder. They occur rarely in the penile portion of the urethra; more frequently at the caput gallinaginis. Similar valves are met with at the neck of the bladder and in the ureters. The retention of urine produced by them may be so great as to produce thickening of the bladder, and ultimate dilatation of the ureters and renal pelves and disease of the kidneys. 3. The orifice of the urethra or the canal itself may be the

seat of stricture, the result of inflammation; or may be pressed on by tumors. 4. Cystic and polypous growths are causes of difficult micturition. The former may be the result of retained secretion (affecting Littre's glands in the female, and the sinus pocularis in the male), or new growths. The former always occur in the middle line, at the junction of the bulbous and spongy portions of the urethra. Dr. Englisch has found polypous growths only at the prostatic portion and the vesicle orifice of the urethra. 5. Hyperplasia of the prostate is a very common cause of difficult micturition; it is no doubt congenital. 6. Difficulty of micturition may also be produced by other causes acting externally to the urethra. Thus ascites may give rise to inflammation of the cellular tissue of the pelvis, and to periurethritis.

Poor Miss Blake!

The question of the admission of women to medical degrees in Edinburg University has been rather unexpectedly solved, at least for the present. Miss Jex Blake, the foremost champion of the movement, has actually been plucked in her examinations and sent back to complete her studies.

This result is so different from what is usually reported when women are examined as to their scientific acquirements, that it suggests the inquiry whether Miss Blake was unfairly dealt with, or whether favor is usually shown to the fair sex in these examinations.

Centenarians.

The deaths of twelve centenarians were recorded in the *Public Ledger*, of this city, during 1872. Their names are as follows:

One Hundred—Isaac Shivers.

One Hundred and One—Hugh Finley, Anna Margaret Turner.

One Hundred and Two—Edward P. Vollum.

One Hundred and Three—Michael Ferry.

One Hundred and Five—Margaret Amos.

One Hundred and Seven—Mary Loquaire.

A Note of Progress.

A well-attended meeting of the medical graduates of the University of the City of New York was held in the University building recently, to discuss measures for elevating the scientific standard of education in the medical department. It was resolved that the first step towards this end must be to make the medical school like the undergraduate department, independent of students' fees, and a committee of twenty was appointed to prepare a plan for establishing an endowment fund.

The Use of Santonine.

A correspondent writes us: "A patient of mine, a little girl, three years old, passed during an illness of two weeks over eleven hundred worms that would average six inches long ("Ascaris Lumbricoides"). Santonine was the principal medicine used. Santonine will produce caseine with mlik in the stomach, and therefore milk should not be given to children immediately before or after a dose of it."

Correspondence.

Quinine as an Abortifacient.

EDS. MED. AND SURG. REPORTER:—

In reading the REPORTER, of September 9th, 1872, I find an article from Dr. Bailey, of Knoxville, Tenn., upon the "Effects of Quinine upon the Uterus," in which he uses the following language with reference to the impregnated uterus, in miasmatic regions:—

"The result of much and continued observation in the use and effect of sulph. quinine was, that when the agent was indicated as an antiperiodic it was freely and fearlessly exhibited. It was very common to find a pregnant woman suffering from uterine pains during a fit of ague, and abortion or premature labor often occurred in cases when timely antiperiodic treatment could not be carried out. In all such cases it was my practice, as well as that of others, to administer quinine promptly and freely. There was no other way to carry a patient over such a period of danger, except to suspend the periodical tendency."

While I appreciate the many valuable articles of Dr. Bailey, published in your journal, and read this one with the utmost degree of interest, I can but differ with him.

With experience based upon a few years' practice in one of the most malarial regions of West Tennessee, near the Bottoms of the great Mississippi river, as it emerges into Mississippi, and surrounded by many lakes and pools of stagnant water, with a practice sufficient to warrant a conclusion, I am induced to to assert that abortions and premature labor are seldom produced directly by ague, unlessin a peviously broken down constitution, or in an habituated person. While, on the other hand, I believe that the sulph. quinine given in ordinary doses, repeated at short intervals to a pregnant woman, with the

expectation of arresting an attack of intermittent fever, is attended with great risk and danger to the fœtus in utero. I feel satisfied that I have seen abortions and premature labor produced by its administration to women who were not in the habit of aborting, and who previously enjoyed good health, save an occasional attack of intermittent fever, and during the interval of the paroxysms. The pains immediately followed the administration of the drug, and were traceable to no other cause. I have witnessed it when malaria was not suspected. Two cases I will relate.

Mrs. W., age 26, healthy, save a previous ague, mother of two children, had a chill at 11 A. M., Oct. 1st, very light, and was able to be about in eight hours; expected a return at or about the same time, Oct. 3d. Felt perfectly well the next day, bowels moved naturally, and appetite good; took no undue exercise and remained most of the day in doors. Directed to eat no supper and commence at 11 o'clock P. M., and take three grains of quinine every three hours on the night of Oct. 2d, until eighteen grains were taken. She felt pains in the abdomen in an hour after taking the first dose. The second and third doses were given, each seeming to increase, or were followed by pains of a more violent character, and recognized to be those of labor. I was sent for in haste, and arrived at the house at 9 A. M., Oct. 3d. Observation in connection with a digital examination cleared the way of diagnosis. In vain were means tried to arrest the abortion, and at 12 A. M., the fœtus was expelled after many hours of suffering. She had been pregnant three months. She stated that during her last pregnancy she took quinine, followed by pains; did not suspect the cause until I mentioned it.

A. W., age 23, second pregnancy, laborer and healthy, save a chill at or about 4 P. M., Sept. 24th. Expected a return Sept. 26. Ordered to commence at 6 A. M., Sept. 26th, and take three grs. quinine every three hours until five doses were taken. After the second dose she had uterine pains, which increased until 1 P. M., when the child was born, in its seventh month. Could trace it to nothing save quinine. Many similar cases could be mentioned would time and space permit. With all due respect to the opinion of Dr. Bailey, I feel satisfied in asserting that quinine exerts a special action upon the uterus, impregnated and unimpregnated, which action in the former, is not counterbalanced or counteracted by the influence of malaria, and that it is an unsafe remedy in such cases, unless carefully watched and well guarded. Its action upon the uterus in the puerperal state is fully demonstrated by the results of a full dose, after a cessation of the lochial discharge, from the effects of an opiate or other means.

Very respectfully, etc.,

SAM'L. L. RAINES, M. D.

White Haven, Tenn., Jan. 11, 1873.

NEWS AND MISCELLANY.

Thirty-fifth Annual Commencement of the Union University Medical College.

The inaugural exercises of the Albany Union University, and the thirty-fifth annual commencement of the Albany Medical College, which took place at Tweddle Hall, on Monday evening, December 23d, 1872, were of unusual interest. The Hon. Ira Harris presided. After some preliminaries, the chairman rose and said, at a meeting of gentlemen interested in the cause of education, and especially in the interest of the Union University, held at the medical college on the 29th of November last, a plan of incorporation was presented by Dr. Potter, founded on a scheme for the amalgamation of the Law school, Dudley observatory, the Medical college and Union college. The plan was received with unanimous approbation, and it was resolved that the scheme should be submitted to the several boards of trustees for their consideration. In pursuance of this resolution a meeting of all the boards of trustees had been called, and at that meeting a resolution was passed endorsing the measure, provided that each institution retained its corporate name intact, and that the lectures should be held in Albany.

Dr. Potter, the president of Union College, then came forward and said he had been invited to address the students on the occasion of their graduation, and his theme would be "the accomplished physician," but the fact that other speakers had yet to address them admonished him that he must be brief. The term "commencement" as applied to these exercises had been considered by some as a misnomer, but to his mind it was very appropriate. They had finished their curriculums, and having passed satisfactory examinations, would go forth that night with their diplomas, with the honorable degree of doctor of medicine. But their life's work was only now at its commencement, not only as practitioners, but they would go forth that night to commence anew the great work of life. They were still students, and must be the students of books. All the bright lights of study would have to cast their rays on the difficult path which they would have to trace. All the gathered wisdom of the past should be theirs. It might so happen that the circumstances of that life which they had just begun would entail upon them voluntary poverty, and they might be destined to minister to the sick in some distant hamlet, where medical libraries or expensive books would not be within their reach, and that only served to show the necessity for the establishment of a circulating library of the best medical works

that all members of the profession might not have at hand; still if they were not to be had at once, they had the periodicals to fall back upon, which would give them all the newly discovered means for treating diseases. But if they could not get even those, they would still have within reach some valuable practitioner, whose knowledge and experience was worthy of their deepest study. They had been reminded that evening that medicine was a progressive science, and if they wished to make themselves eminent, each should take a specialty; one the eye, another the ear, another the heart, and so forth, and by special study they would become proficient. True the family physician would always be a necessity, and occupy a place near their hearts, for he who had clutched from death those they loved, would always be among their cherished friends. But they would not all expect to be family physicians at once, and therefore he advised them to take a specialty, as by specialties the cause of science would be greatly advanced. To be successful physicians they should know their fellow man. What was half the battle in treating a disease? Was it not the confidence which the physician inspired? Did they not know that the pressure of their hands, as it were, brought sunlight into almost desolate homes? How was that accomplished? By tact; by magnetism. Call it what they would, still the fact remained it was by their knowledge of men. But to know men they must love men. As physicians, they must be lovers of men and of God. They had a battle to fight, and to enable them to do so successfully, they should seek strength from God. It was necessary that they should be Christian men, and follow the example of the great physician, Christ, whose work was not only for the souls but also for the bodies of men, before whose hand disease was banished, and in whose presence death gave up its power. They also needed the love of truth, that they might accept new propositions from whatever source they might come, They were to become philanthropists in the best sense of the thought conveyed in the word. Nothing but a deep and sincere love for their fellow men would enable them to be heroes in an unheroic age, serving God and fearing nought. In concluding this part of his address, President Potter urged those whom he addressed to go forward valiantly to the work which they had chosen. The speaker then referred to the Union University and Union College's assent to the new organization. That assent had not been reluctantly given. It had been given with the utmost readiness and cordiality. The college had come more than half way in the matter. He, as President, bore greetings from the other members of the faculty of Union College, who were unable to be present at the inaugural exercises of the University. Prof. Tayler Lewis, Prof. Jackson and others viewed the organization with the utmost cordiality. Already the University is in successful operation. Our classes from Union have already enjoyed the benefit to be derived from a visit to the Dudley Observatory, while the students of your Medical College receive instructions from our chemist. If the question is asked, what is to be gained by the union the answer is ready. In Union there is strength. When the Master expressed the desire that his followers should be united, should be "as one," he did not refer alone to things ecclesiastical, he spoke for the brotherhood of man, and for the grandest idea of union. Union! it was in the atmosphere of the times; Germany massing her petty Kingdoms into one great power; Italy forming a harmonious whole from her many petty dukedoms; our own land, because of her united circle of States the greatest land in the world, all preached the doctrine of Union. In conclusion the President said that there was a tradition in ancient Dorp, that when the Academy bell there first rang out its merry peal, it was predicted that when the century was past there would not be a single peal, but a harmonious chime; and already the notes of the chime seemed to come in as an answer from the Medical College, the Observatory and the Law School of Albany. Diplomas were conferred on 27 graduates. It is understood President Potter will be Chancellor of the new University.

Testimony of Medical Experts.

A writer in *Appleton's Journal* gives an account of the particulars and result of the trial of a man in Belgium, charged with the crime of poisoning. The alleged victim of poison, M. Rigaud, resided in Bruges; the trial of the person accused took place in that city, and at that very time was held a meeting of the Royal Medical Society, of which the deceased was a member.

On the trial two doctors testified confidently to the presence of arsenic, their testimony being of the highest interest, to professional men especially. A third expert gave his opinion that the evidence was entirely inadequate to prove the presence of poison in the stomach of the deceased. He is reported to have said furthermore that the process employed would *generate* arsenic. Somebody must have blundered here, however; either the chemist in his testimony, or the reporters. The last witness summoned was another physician, who produced a letter which was handed by deceased while in the death agony to his landlady. That letter was addressed to the witness, by whom it was produced. It stated that the deceased died by his own act, and that the poison he used was *antimony*. This evidence was reserved to the last, in order to test the reliability of the evidence of experts. To these the result was not gratifying.

This reminds us of some recent trials in our own country.

Summary Therapeutics.

A student of Guy's Hospital writes to the *Gazette*:

"One night, going round the wards, I found a girl in an hysterical fit; she fought and struggled vigorously with her nurses. Hating all rows, I grasped her throat and held it firmly till the astonished girl gasped out 'you are choking me." I then relaxed my hold, and promised her a repetition of the performance. She was thoroughly cowed after having two more fits, and being twice nearly choked; her alarm was so great that, though every night previously for months past she had had fits, she desisted, and a month afterwards her mother told me with joy of her complete recovery. A few days later, Mr. Stocker, whose experience is immense, told me how beneficial this plan was, and said 'you may remain for hours fighting with a screaming girl, but carefully choke them and they immediately subside; *it is unpleasant for them; it frightens them.*'

Prompt Collections.

The following resolution was adopted at the January meeting of Butler County, Ohio, Medical Society:

"*Resolved*, That on and after this date, January 2d, 1873, all accounts with patients or patrons shall be due and collectable at the termination of his or her ailment, or at the time of the discontinuance of our attendance. And that in the case of family practice, bills may be presented at such times as we deem most convenient; monthly, quarterly, or semi-yearly."

S. C. Beauchamp, M. D.
Hamilton, Butler County, Ohio.

Medical Magic.

We still use substances called "carminatives," which heal "like a charm." But literal and real charms appear still to do good on occasions. Dr. V. Holsteck announces in the *Bordeaux Medicale* that he is invariably able to suspend the secretion of milk in the breast by suspending in front of the sternum a tube of goose-quill, sealed at both ends, but filled with metallic mercury. The secretion of milk is arrested in twenty-four hours; two hours afterwards the breasts resume their normal state.

—The annual meeting of the Philadelphia Jewish Hospital Association was held recently. Up to Nov. 19, the amount of the building fund was $36,600. Since that time subscriptions have been received which swell the amount to $48,322. The hospital has been open for two years. During the last year there were seventy-four patients under treatment.

Miss Dr. Annie News has her sign out at Newport.

—An Arab surgeon, Mohamet-Ali-Bey, who has just cured the mother of the Khedive of Egypt of a serious malady which had deeply affected her health, has received from his patient a fee of $5000, and has been raised by the Viceroy to the rank of Pacha.

—Dr. Charles Spier, of Visalia, Cal., is said to have the most complete numismatological collection in the world.

—Dr. Voisin, honorary physician to the Bicêtre, died on November 23d, at the age of seventy-eight.

—It is stated that eighty thousand persons died of cholera last year in Russia.

MARRIAGES.

Carlton—Carr.—In Bradford, Vermont, Dec. 25th, by Rev. Mr. Pepper, Charles A. Carlton, M. D., of Salem, Mass., and Kate Elizabeth, only daughter of Daniel Carr.

Conkle—Stevenson.—By Rev. A. O. Rockwell, Dec. 26th, Frank Conkle, M. D., of Summitville, O., and Miss Sallie, daughter of John Stevenson, of Frankfort Springs, Pa.

Graves—Williams.—In Essex, Vt., Dec. 18th, at the residence of the bride's parents, by Rev. C. W. Wilder, E. E. Graves, M. D., of Boscawen, N. H., and Miss Mattie A., daughter of Judge L. N. Williams, of Essex.

Hall—Failing.—Dec. 18th, 1872, at Calvary Chapel, by Rev. Dr. Walker, Dr. Walter L. Hall, of St. George, N. B., and Miss Jennie Failing, daughter of A. D. Failing, of this city.

Kellam—Noyes.—In Lynn, Mass., Jan. 1st, by Rev. Charles H. Cole, C. R. J. Kellam, M. D., of Lynn, and Emma M. Noyes.

Luce—Badger.—Dec. 30, by Rev. J. W. Hamilton, Dr. J. Luce, of Sharpsville, Pa., and Miss Josie Badger, of Zelienopie, Pa.

Pearson—Harrell.—In Van Buren, Ark., Dec. 22d, at the Methodist E. Church, by the Rev. W. T. Bolling, Dr. Richard I. Pearson and Miss Elva A. Harrell, daughter of the Rev. John Harrell, all of that place.

DEATHS.

Binns.—At the residence of his father, Columbus, Ohio, Dec. 29th, 1872, Dr. A. G. Binns, for some time resident in Pittsburg.

Harrison.—Dec. 19th, 1872, Mrs. Mary, wife of Dr. H. H. Harrison, at Cadiz, O., in the 31st year of her age.

McCollom.—At Woodstock, Vermont, Jan. 2d, 1873, Dr. Ezra McCollom, aged 40.

Myers.—At Fordham, N. Y., Jan. 8th, Francis M., son of Mary and the late Dr. S. F. Myers, aged 33 years.

Reynolds.—In Kittanning, Pa., Dec. 14th, 1872, Washington Reynolds, M. D., aged 51 years.

Richey.—In Elmwood, Illinois, Sept. 1st, 1872, Willie Andrew, aged 6 months; Dec. 21st, Sue Ella, aged 4 years and a few months; Dec. 30th, Sadie Myrtle, aged 2 years and 11 months; children of Dr. W. S. and S. E. Richey, "They are not lost, but gone before."

Stuart.—Jan. 15th, 1873, at his late residence, Newton, N. J., J. R. Stuart, M. D., aged 63.

Webb.—In New York city, Jan. 9th, Catherine Alice, only child of Dr. Z. S. and Ophelia R. Webb, aged 11 months and 24 days.